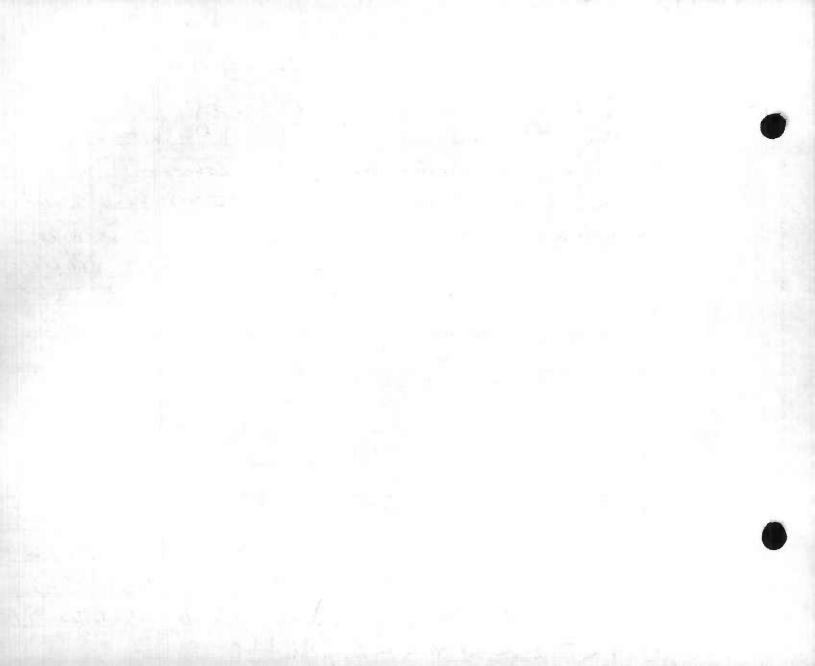
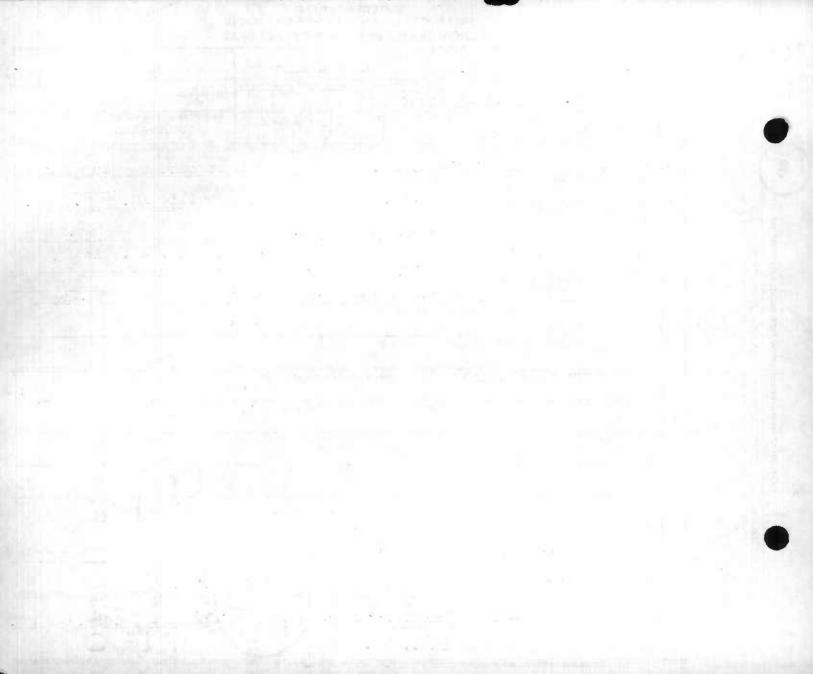


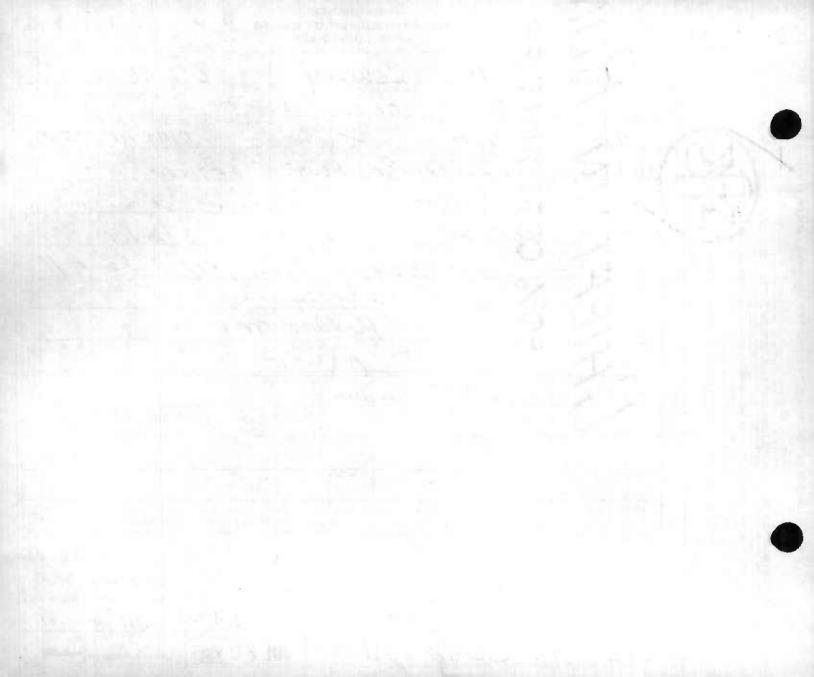
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		REGISTRAR REG. NO. CEASED NAME FIRST MIDDLE LAST Zo. DATE OF DEATH MONTH DAY YEAR ZO HOUR CHAPLES O. Cornich Jr. 7586
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BP		SPECIFY - al 7/13/86 Bucktows Come Camb. Docheste-Md. UNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE.
DHMH - 16 60M 1/75 (VR A 15 (4))	5	Tewa-T Funa-al Home Combination of Md. 111 8 1888



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ge 4 may ector, pag rs ofter de	3. SE		1 RACE BLACK	S. DATE OF BIRTH MONTH DAY YEAR 16	6. AGE (IN YEARS LAST BIRT	
1885	0. B	IRTHPLACE ISTATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OF	COUNTY OF DEATH
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	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136. COULD 136.	NTY 13c. CITY OR TO		TO BE GOT	SENTEN may
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to be essent from and the medic		YES NO OR UNKNOWN) (1F YES, GI	213-18	-5569 Dalir Bor	Tor, RN	See # //.
certifical			nly one couse per line for (o), (b), ED BY: .TE CAUSE (o)	(detail respect	calory &	BET WEEN ONSET AND DEATH
the death control of the offending se remove cortice or cortice of other froumotion.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	formule	m 1	
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The low riction.	CERTIFICATION	190 DATE OF OPERATION	U	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN ng phys certifico priol-froi	MEDICAL CE	21a ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPART 2)
or ottendi After this e os the bu olth and M	ME	AT WORK NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFIC	EE, FARM ETC) STREET	CITY OR TO	
OK ATTENE OF ATTENE OF POSPITOL OCHE OF USING Dept of Hee	1	sow the deceased alive or	ntol) ottended the deceosed from n19 ot view the body ofter death.		deoth occurred on the do	, 19, that (I) (we) lost one one hour and from the couses stated
HOSPITAL OR ined by the hor FUNERAL DIRE uld be detoched the Store Dept ORTANT. If her		22d. PHYSICIAN'S NAME (TYPE OF	OR PRINT)	ATTENDING	MEDICAL STAF	FINDLEC
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Store		BURIAL, CREMATION, REMOVAL	n man	17 Frau	Place St.	ambridge MD
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME Diskau 20 DATE OF DEATH Carl YEAR 7h HOUR Henry TYPE OR PRINTI 86 10pm 18 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF LINOFR LYFAR d' HOURS Male Cauc. 85 70. BIRTHPLACE STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kansas US. Dorchester WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cambridge Dorchester General Hospital farmer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? DorchesterEast New Mk laryland 21631 NO M rural route 1 CYES [FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST FIRST MIDDLE Frank Fuchs Diskau Barbara APDRESOX149 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 232-01-2544 Helen Jackson E. New Market Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARCIDONA AMPILLA OF UTER 100BABLE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 71a ACCIDENT WAS UNDERLYING 2 to HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE . NOT WHILE AT WORK AT WORK 22a I certify that (I) (this haspital) attended the deceased from JNL saw the deceased alive an_ and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated above, (1) (we) did (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN [22d PHYSICIANUS NEWE LEPPEOR PR 22e ADDRESS ld b MPORT 3 4 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 7/21/86 BP. burial MARKET CEM. NEW MARKET MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) THOMAS FUNERAL CAMBRIDGE MD.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO . DECEASED NAME O. DATE KNOWN MONTH (TYPE OR PRINT) NEULE OF ESTI-Marie AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE PRONOUNCED 20 DEAD -00 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland DIVORCED WIDOWED ILCITY OR TOWN OF DEATH 12 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Homemaker la STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRE HISHING CREE 4. FATHER'S NAME MIDDLE FIRST Creighton Frank Laurena Aaron 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) George G. Dooling Item # 13 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERV RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY monepun IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which CLELETIC HEART gave rise to immediate cause (a) stating the underlying cause last. ARTECIOSCIELOTE CARDINDASCIKAS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES . 21b. TIME OF INJURY 216 HOW INJURY OCCUPATED INTURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH P.M 21e PLACE OF INJURY LAT HOME. 21f LOCATION CITY OR TOWN COUNTY STATE AT WORK TO MEDICAL EXAMINER: TY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STY, BALTIMORE, MARYLAND, 2 22ª I certify that I took charge of the remains described above, held an Autopsy Inspection 1 ond in my opinion Natural couse Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) 23a BURIAL, CREMATION, REMOVAL 23b DATE COUNTY STATE Burial 7/18/86 07/84 Memorial Park Cambridge YREGISTRAR 1251, NEGI 25M 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS Thomas Funeral Home (VR A15 ME (5))



1 3		WIDDLE	RTMENT OF HEALTH A CERTIFICATE (O G		
1 3	Willia			UF DEATH	REG. NO	200	3 1 0
1 5	Willia		LAST	2			YEAR 26 HOUR
04		am Andrew	Edge	or state of		7 18	86 3:3 ₈
1 1 1 1 1 1	Male	Cauc.	5 DATE OF BIRTH	9 1907	AGE (IN YEARS LAST BIRTH	MONTHS YRS.	DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTY	MARRIED NE	VER MARRIED . 9	BALTIMORE CITY OF Dorch		ATH ~
100	city or town of DEATH ambridge	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST 200 Virgi	SING HOME OR OTHER	INSTITUTION 12	No USUAL OCCUPATION OF PROPERTY OF WORK FOR MOST OF PROPERTY OF THE PROPERTY O	ON 12b I WORKING LIFE) INDU	KIND OF BUSINESS OUSTRY.
13a	STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BE	EFORE ADMISSION) QWN 13d INSI		e STREET ADDRESS 200 Vi	rginia	21613 Avenue
914	FATHER'S NAME FIRST William	MIDDLE LAST Henry Ed	ge 15 MOT	HER'S MAIDEN NAME	Lilli	an	Seward
1160	WAS DECEASED EVER IN U.S.			DRMANT	ADDRE:		2011020
/	(YES, NO OR UNKNOWN) (IF YES, G	SIVE WAR OR DATES!		Mrs. Agne	es Edge I	tem #13	
		only one couse per line for (a), (b) (SED BY:					APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT
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HCATION		19b. CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH?
CHINE CHINA	190 DATE OF OPERATION OCT 1934 210. ACCIDENT WAS UNDERLYING	DEATH HOUR A.M. MONTH	21c HO	PERFORMED	YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED LAUSES OF DEATH?
4	190 DATE OF OPERATION OCT 1934 210. ACCIDENT WAS UNDERLYING	DEATH HOUR A.M. MONTH	DAY YEAR 19 21f LOG		YES NO	20b IF YES, WERE IN CERTIFYING C YES YES YIN ITEM 18, PART 1 OR I	FINDINGS USED (AUSES OF DEATH? NO [] (PART 2)
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item 21 is marked or them 18 July was	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IL (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this has sow the deceased olive obove, (1) and ideal	DEATH HOUR A.M. MONTH ER) 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 ICE, FARM, ETC.) 211 LOGS	CATION CATION (my) (a opinion decomply) (approximately) ATTENDING PHYSICIAN	YES NO NO NOTION OF INJUR CITY OR TOW the occurred on the do	20b. IF YES, WERE IN CERTIFYING C YES YES YEN ITEM 18, PART 1 OR I	FINDINGS USED CAUSES OF DEATH? NO PART 2) NITY STATE 2, that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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Γ2943	1	FOR - STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENG 6 2	0311
. e.e.		CEASED NAME FIRST	MIDDLE I.	EVAS	20. DATE OF DEATH MONTH	11 86 11.95 p
ge 4 may b ector, page rs ofter dea	3. SI	x Male	4. RACE White	Dec. 31, 1924	6. AGE (IN YEARS LAST BIRTHDAY) 6.1 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
leath. Po	E	IKton, Md.	76 CITIZEN OF WHAT COUR	MARRIED NEVER MARRIED NO	DOI CHOD OC	r "
by the fu	C	ambridge	Dorchester	General Hosp.	(TYPE OF WORK FOR MOST OF WORKING Retired - Ge	
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ompletely 1		ather's Name Stan'd'ley		is, Sr. Mary	WIDDLE	Hance
be exection and crs. Pages		yes w	polly one cause per line for (o), SED BY:	20-909 arbara Oel	29 Springmead schlaeger Dar	
is that the death or ed by the attendin please remove cart viol, cremation, or , or other troumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	SEQUENCE OF	what disease of conditions	2 mo.
NG PHYSICIAN. The low require otherding physician. Ifter this certificate has been sign as the busidistransis permit. Then the and Mental Hygiene prior to busined and them 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATION S	6 0, 6 u 6 12 56	G TO DEATH BUT NOT RELATED TO THE TER. M, BNCUTYSM VHICH OPERATION WAS PERFORMED IN 19 13, 4 29, 6 30, Stomac 121c. HOW INJURY OCCUP	ECI es autonova Irai de	YES WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
ING PHYSICIAN r otherding ph After this certific os the buriol-tr th ond Mentol I orked or fem I	MEDICAL	OR CONTRIBUTING ASSOCIATION OF CONTRIBUTION OF THE CONTRIBUTION OF	HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME STREET, PACTORY, (OFFICE FARA ETC 211 LOCATION A	CITY OR TOWN	COUNTY STATE
TAL OR ATTEND AAL DIRECTOR, y detoched for use for Dept. of Heo Orde Dept. of Heo UT: if them 21 is m		obook, III was load (Nid	not wew the body after death.	19 86 ond that it (my) our) apinion DEGREE ATTENDING PHYSICIAN		our and from the causes stated 22c. DATE SIGNED 7.13.8
TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT.	730	BURIAL, CREMATION, REMOVA	-ce	123 NAME OF CEMETERY OR CREMATORY	yland Alt.	CEE MD 214
BP	- 10	(SPECIF Burial	7-16-86	Elkton Cemetery	Elkton TE RECD. BY REGISTRAR 256. REG	Cecil Md
DHMH - 16 50M 4/82 (VRA 15, 4)	24	UNERAL DIRECTOR	FUNERAL	DRESS TOINE, P-TI	_ NUMP # 1	idern Redard

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STATE OF MARYLAND :0318 DEPARTMENT OF HEALTH AND MENTAL HYGISHE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26. HOUR 2a. DATE KNOWN ESTI-TYPE OR PRINTS 9AM OF Nettie Gray Ewell DEATH MATED 1986 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED White Aug. 10, 1910 76 Female AM DEAD 1986 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FORTWARVland U.S.A. Dorchester WIDOWED A DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Homemaker **OR INDUSTRY** Dorchester General Hospital Cambridge USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? Shore Drive/21869 13c CITY OR TOWN Dorchester Elliott Maryland YES X NOF 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Washington Gray MIDDLE Alexander Benetha Smith 17. INFORMANT 16b. SOCIAL SECURITY NO. Box 115 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Florence Gray DIVISION (IF YES, GIVE WAR OR DATES) 220-26-9147 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) ACUT E INSTANT DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAMINER A AS A BURIAL-TRANSIT Canditians, if any, which (b) CORONARY ATHEROSCLERUSIS YUARS gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 301 (c) DIABETES YEARS MELLITUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION GE 3 SHOULD BE USED.
TE DEPARTMENT OF HEALT PRIOR TO RUNG. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO V 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21d. INJURY OCCURRED TIE PLACE OF INJURY (ATHOME. III. LOCATION ARDED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COLINTY WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 213 Inspection 🖟 220. I certify that I took charge of the remains described above, held an and in my apinian Natural causes death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DEUPTY 7-11-86 MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) MECARTER ADDRESS YOU AURURA ST. CAMORIDET, MIL 236 BURIAL, CREMATION, REMOVAL 236. DATE 7/12/86 234. NAME OF CEMETERY OR CREMATORY Dorchester Memorial PkCambridge Dorchester Md. DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE (VR A15 ME (5)) Zeller Funeral Home E. New Market MD

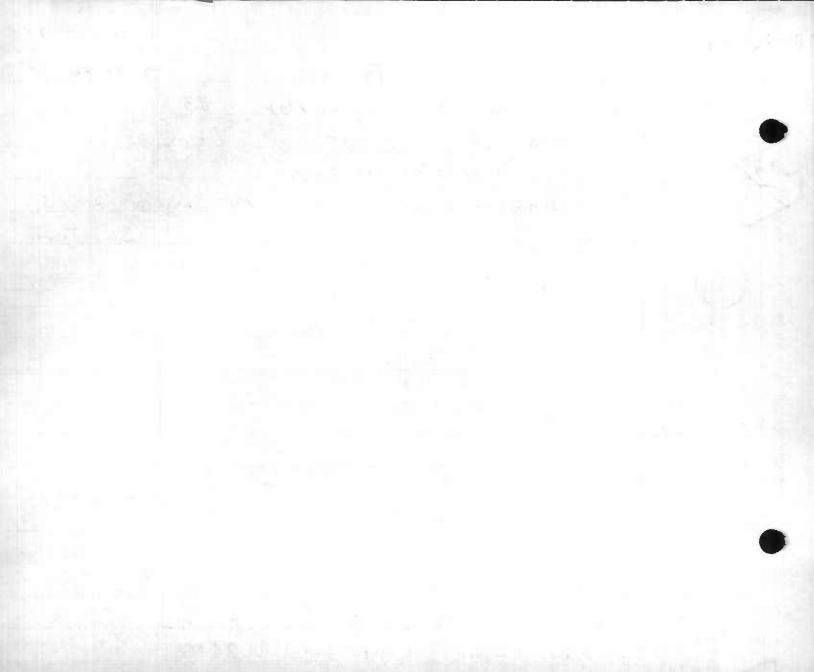
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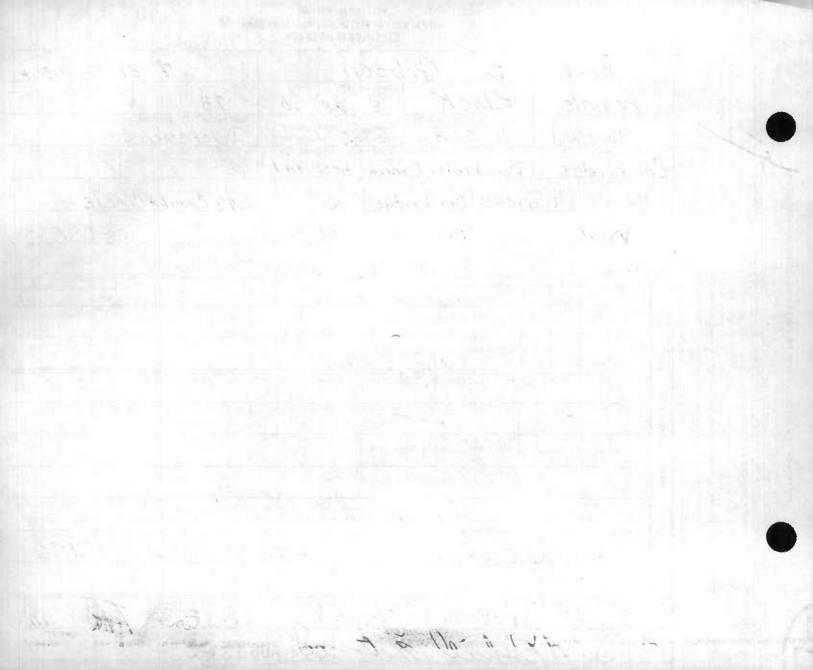
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0-13926	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
	1. DECEASED NAME FIRST	MIDDLE	C.L. I	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
moy be poge 3	15erTh		FIIZHUSH	July 24 1986 5:00am
4 0.0	Female	Cauc.	10 06 1916	MONTHS DAYS HOURS MIN.
Poge	70 BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	VO. 8	9 BALTIMORE CITY OR COUNTY OF DEATH
e 27 25 e	MAXXXIII MD.	US	MARRIED MEVER MARRIED WIDOWED DIVORCED	Dorchester Co. MD.
on the formal states of the st	10 CITY OR TOWN OF DEATH Cambridge	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Dorchester	SING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION 126, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
filled in hooftd be	***	or other institution, give residence ber JNTY 13c. CITY OR TO rchester Camb	ridge YES NO X	13e STREET ADDRESS Rt. 3 Box 2142/6/3
1 de 2 de 1	14 FATHER'S NAME Reuben T	MIDDLE Aast	is MOTHER'S MAIDEN NA/ FIRST Rena	Elizabeth Brannock
IMORE, we execute no and company of the medical examples of the medical exampl	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS 21613 Fitzhugh Item #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M. ING PHYSICIAN. The law requires that the death certificate be executed rate this certificate has been signed by the attending physician and comp as the burial-transit permit. Then please remove carbonopapers. Pages I of the not Amental Hygiene prior to burial, cremation, or removal. acredical examples or them the medical examples or them the medical examples.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEC	prain	To lungs Months
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TO HOSPITAL retained by the TO FUNERAL should be detained by the State with the S	22d. PHYSICIAN'S NAME (TYPE	MBundo	Te Comb	Approva State 1613
	230. BURIAL, CREMATION, REMOVA		Dor. Mem. Park	23d LOCATION COUNTY STATE CAMBridge Dor. Md
BP DHMH - 16 60M 1/75 (VR A 15 (4))	Burial 14 FUNERAL DIRECTOR THOMAS FUNE		BRIDGE, MD.	RECID. BY PEGISTRAR 25 HOLD STRAP'S SIGNATURE

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TO HOSPITAL OR ATTENDING P retained by the hospital or atter TO FUNERAL DIRECTOR. After it should be delatached for use as the with the State Dept. of Health and MAPORTANT: If them 21 is marked		226.1 certify that (I) (this haspital) saw the deceased alive on obove (I) (we) (did) (did nat) vi 226. SISNATURE 226. PHYSICIAN'S NAME (TYPE OR PRIM	ew the body atter death.	(1- 11-)		19.86, that (I) (we) lost gree and haur and from the causes stated 22t. DATE SIGNED FE 7 23.86. Cocumality C
DHMH - 16 60M 1/75 (VR A 15 (4))	24. FU	SURIAL, CREMATION, REMOVAL 2 SPECIFY) BUNIAL UNERAL DIRECTOR NAME EWANT FUNCE - al		CampidgeMod J	Rhodesd	COUNTY STATE AS REGISTRAR'S SIGNATURE 1. S. Jennes L. J.



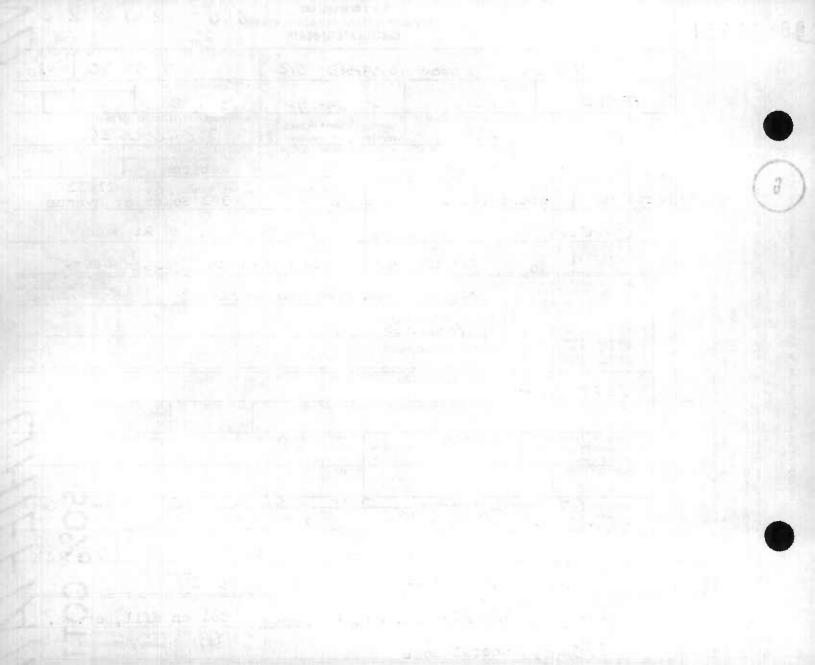
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ote be execut ysicion and co ppers. Pages 1 vol.	1	NAS DÉCEASED EVER IN U.S. A YES, NO OR UNKNOWN] {IF YES, G (IF YES, G	RMED FORCES? 166. SOCIAL 219-14	4-3631 Luc	Hibser	\sim
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CIAN physical physica	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18. PART T OR PART 2}
the the ced	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	FICE FARM ETC) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
TTEN pitol TOR: for us of He	K	saw the deceased alive or above, (1) (we) (did) (did n	pital) attended the deceased from 17 and 18	19_\$6, and that in (my) (aur) opini	ion death occurred on the de	732. 19 6, that (I) (we) last and hour and from the causes stated
OR he h		22b. SIGNATURE	renter.		STAL STAL	222. DATE SIGNED 7/3/186.
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the State		22d. PHÝSICIAN'S NAME (TYPE		27+ ADDRESS		
BP		BURIAL CREMATION, REMOVA	236. DATE 4-8C	234 NAME OF CEMETERY OF CREMATOR	ELLEY OR TOWN	JAN. M.
DHMH - 16 50M 4/82 (VRA 15, 4)	14 F	UNERAL DIRECTOR NAME	* haby Whom	Ess / ster mo. 250. I	DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 26 HOUR ALIDDI F DECEASED NAME LTYPE OR PRINT 1-1114AR NICLIAM E. deol 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY 4. RACE 3 SEX MONTH YEAR Male 1895 Cauc. 9 June 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE | STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Dorchester Co. Maryland WIDOWED X DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cambridge foreman-ret. Dorchester General Hospita USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130, STATE 130. STREET ADDRESS 313 SOM 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Somerset Ave. Dorchest Cambridge YES X Maryland IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE William Hilvard Lizzie Bud Warren ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATES) 162-03-307 Mrs. Peggy Cheesman Item #13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED 8Y: INFARCTION 4 clas NYOCARDIAC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF YEAPS ATHEODOSCLEDY OSCS Conditions, if any, which gove rise to immediate cause (o), stoting DUFTO OR AS A CONSEQUENCE OF underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION FAILURE 20b. IF YES, WERE FINDINGS USED 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CALISES OF DEATH? NOX YES T NO I 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER MOTIFY MEDICAL EXAMINER PM 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE EARM: ETC.) AT WORK 22a. I certify that (1) this haspital) attended the deceased from 7-16- 1086 sow they deceosed alive on 7-16-obove. (I) (we) (did (did not) view the body after death and that in my (aur) apinian death accurred an the date and hour and fram the causes stated 22c DATE SIGNED 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [MS = FUNERAL old be deto MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME LTYPE OF PRIN 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial Abington Twp. Mont. PA 7/21/86 Hillside 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 THOMAS FUNERAL HOME Zambridget Not 21613 (VRA 15, 4)

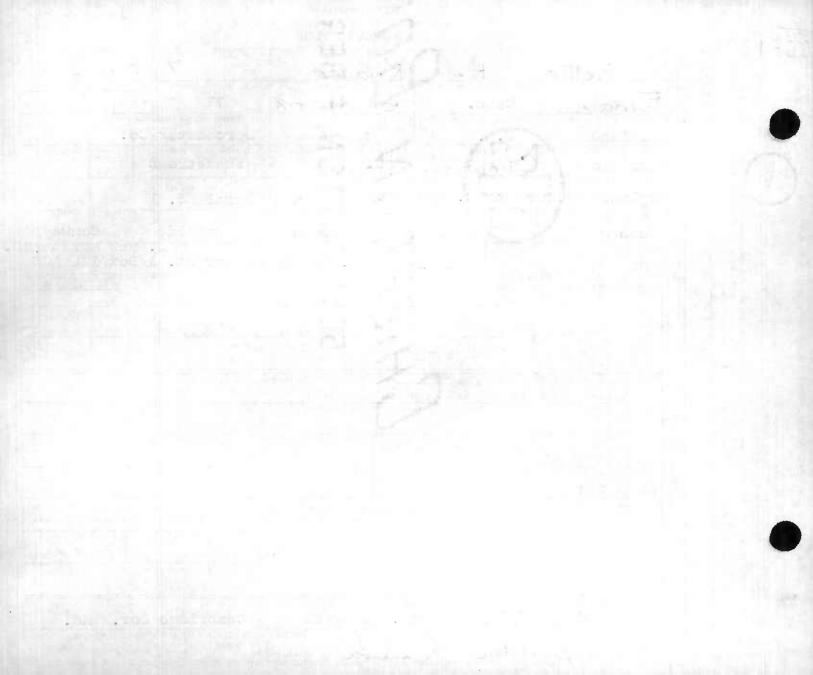
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•	eath. Pag geral dire	35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED	1	RCOUNTY OF DEATH	
6	by the fy		50	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	TIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retire	F WORKING LIFE) INDUST	D OF BUSINESS OR
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	OR ATTENDI e hospitol or DIRECTOR: A sched for use	m 21 15 m			pital) attended the decease on 722 not) view the body after deat		nd that in (my) Tour) opinion	death occurred on the do		
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ı	OHMH - 16 50M 4/ (VRA 15, 4)	82	24. F	INERAL DIRECTOR NAME THOM H	5 Funeral	Home	JÛ	E RES'D BY 1985 RAR	Julia Danden	

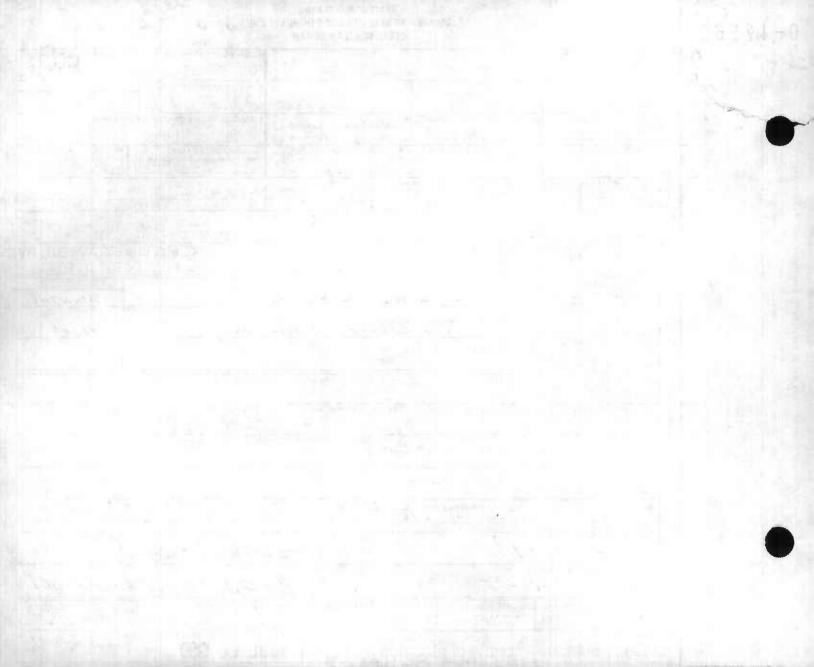


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME 20. DATE KNOWN TO MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Michael 10 86 Jones 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) Nov. 8. PRONOUNCED 6:30 Negro Male 1986 20 DEAD P. M TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Dorchester County, Vienna, Md. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Tri-County Treaching Co. Hurlock Rt.331 & Gravel Creek Bridge JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS ... 13e STREET ADDRESS Dorchester Vienna Maryland YES [NO P Box 40A 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles W. Jones, Jr. MIDDLE Catherine Jackson 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h. SOCIAL SECURITY NO. Gloria Turner, Rt. 1, Box 40A, Vienna, No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Craniocerebral trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T ZIO EXTERNAL CAUSE WAS 216. TIME OF INJURY APPYOX. 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING ANOR CONTRIBUTING CAUSE OF DEATH 9:00 7-12 19 86 driver in auto/fixed object impact 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC) AT WORK AT WORK XX Rt.331 & Gravel Creek Bridge, Dorchester Co., road ond in my opiniony land FUNERAL DIRECTOR: ER DEATH, WITH THE 5 Autopsy XX. 27s. I certify that Dook charge of the remains described above, held on Inspection death resulted fraff Homicide Undetermined manner TITLE (SPECIFY) Assistant DATE 7-18-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., BAlto., Md. 21201 TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY July 22.1986 Vienna Cemetery Burial Vienna, Dorchester, Maryland 07/84 25M 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE When the properties of the control o **DHMH - 17** (VR A15 ME (5))

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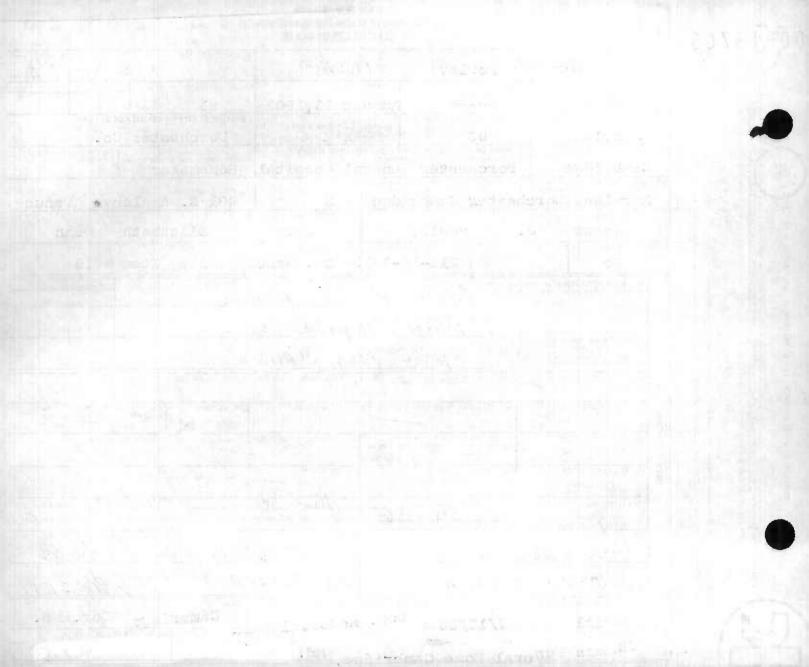
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-1256[REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO	D.		
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n ond co		VAS DECEASED EVER IN U.S. ARA YES, NO.OR (NKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL S WAR OR DATES) 263-2	30-4202 John	ADDRESS (Bohhins St
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offer this form of the proof of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY {AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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PITAL OR by the hy REAL DIRE to destuctes Stone Dept		22b. Signiffine	uta		MEDICAL STAFF DIRECTOR PHYSICIAN	7/27/86
O HOSPIT ro FUNER thould be with the Sh		Vinodrai	Mehta	Dorches:	er General	Hosp Cans
BP		Burial Buria	8/2/86	Scott Mem. Cer	23d LOCATION CUTY OR TOWN	novien Florid
DHMH - 16 50M 4/82 (VRA 15, 4)	124 F	UNERAL DIRECTOR NAME NAME TO POSITION FOR THE PROPERTY OF THE	(a) Home Th	amb, md, Pili3250	TE REGO BY POOR AR	Wanter His days

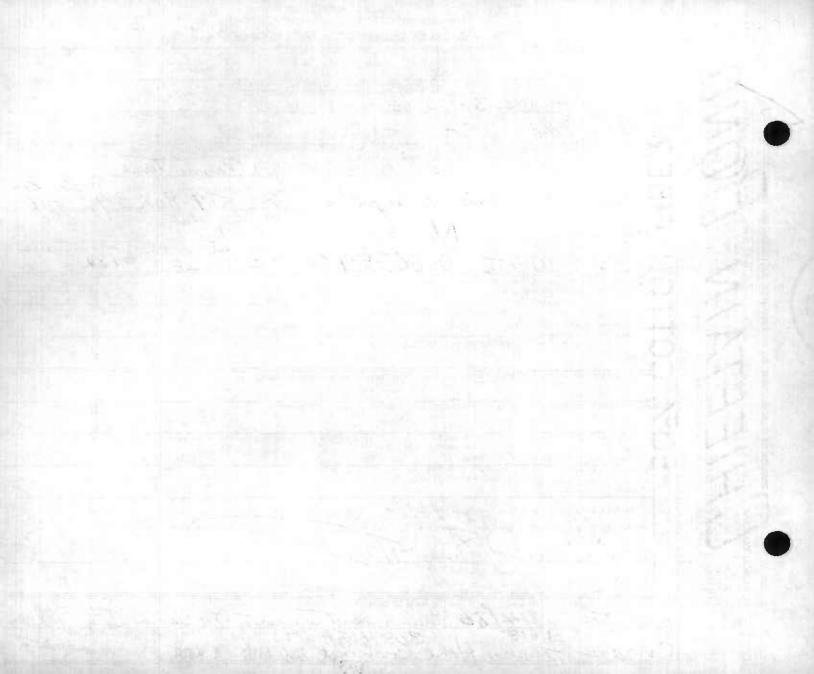
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وقاق	y filled to	38	130 S	Maryland Do	OUNTY	13c CITY OR 1		134, INSIDE CITY LIMITS? YES . NO .	13. STREET ADDRESS 401 E.	Applek	y• Ave	enue
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	CTOR: of He			22s. I certify that (I) (this h saw the deceased alive above, I) (we) (did) (die	e on	7/13		d that in (my) (our) opinion	death occurred an the de	7/16, 19 are and haur or		(I) (we) lost ses stoted
	TAL OR A by the hosy RAL DIREC detoched dote Dept.			The SIGNATURE	enter			ATTENDING PHYSICIAN	MEDICAL STAI	FF IAN 🗆	7/16/	S6
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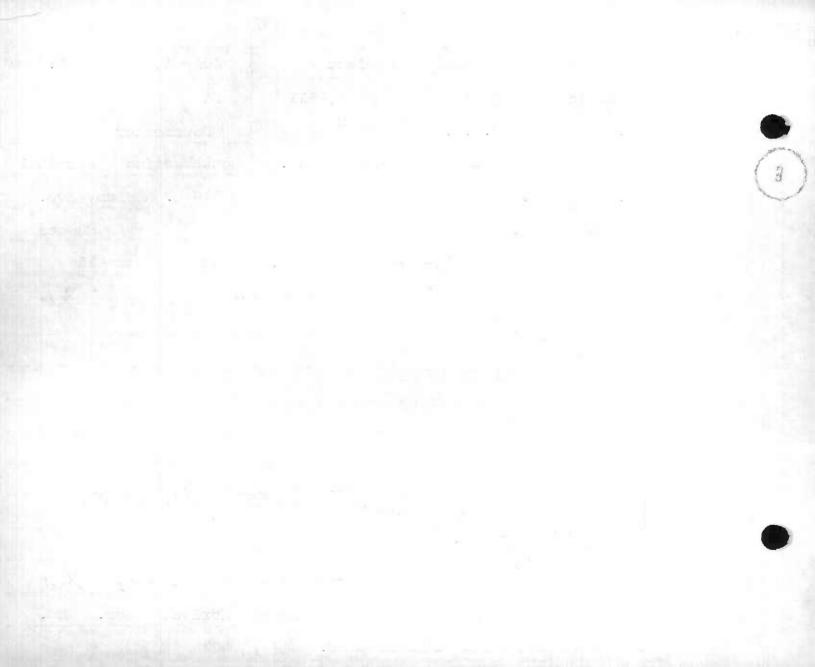


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tor, po other d	3. 3	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY S 08 192	00 61	MONTHS DAYS HOURS MIN.
oth. Page 72 hours	70.	Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76 CITIZEN OF WHAT COULD	NTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
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ond ones	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	CIVE WAR OR DATES!	LSECURITY NO. 17 INFORMANT 12-6373 Michael	ADDRESS L D. Murphy 206	Belvedere Ave
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ION OF VITAL RE HYSKCIAN: The lo nding physician. his certificate hos subviol-transit per A Mental Hygiene g or Hen 18 shows		OR CONTRIBUTING TO CAUSE OF	DEATH HOUR A.M. MONT	H DAY YEAR 19	CCURRED (ENTER NATURE OF INJURY IN ITEM II	B PART I OR PART 2]
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TTENDI pital or TTOR: A far use of Heal		sow the deceased alive	spital) attended the deceased on	19 ond that in (my) (our) as	inion death occurred on the date and he	our and from the causes stated
At OR A tree has at DIREC detached detached		22b. SIGNATURE	M m	DEGREE	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be deto with the State		22d PHYSICIAN'S NAME IT	YLIFFE	220 ADDRESS 408 B	YAN ST. CA	AMBRIDGE MJ
PP	236	BURIAL, CREMATION, REMOVA	7/31/86	230 NAME OF CEMETERY OR CREMAT E. New Market	CITY OR TOWN	két"Dor. Mű.
		Burial FUNERAL DIRECTOR		25	DATE REC'D. BY REGISTRAR 256. REGI	
DHMH - 16 50M 4/82 (VRA 15, 4)		THOMAS FUNERA	AL HOME CAMB	RIDGE MD.	AUG 06 1986 Julia	Dindom Pandallo

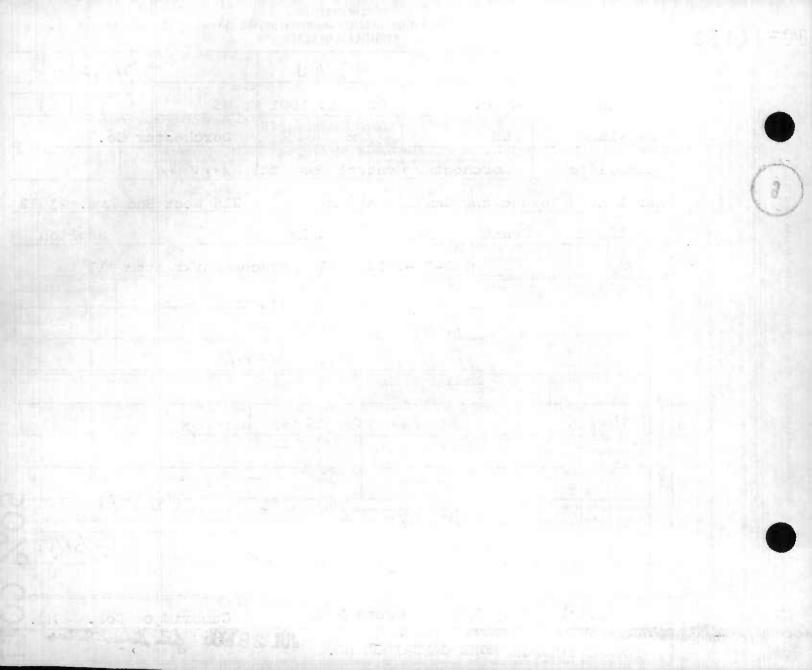
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 00-142 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME IN DATE KNOWN [7] HOHTH (TIPE OR PRINT) EST)-DEATH MATED XX S. Joseph Newell 19 86 4 RACE 5 DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE LIGHTING TOLLY PRONOUNCED DEAD 19 86 FA BUTHPLACE TSTAILER 1. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED [Dorchester County, CITY OF TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17s. USUAL OCCUPATION ITHEORYON 17s. KIND OF BUSINESS OR INDUSTRY OF NOT IN SUCH FACILITY, GIVE STREET ADORESIS area off Madison Canning House Rd. Madison une OR OTHER INSTITUTION, GWE RESIDENCE REPORT ADMISSION 254. INSIDE CITY LIMITS? 134 STREET ADDRESS 15. MOTHER'S MAIDEN NAMI AMOUNT R 66. WAS DECEASED EVER IN U.S. ARMED FORCES? IJ. INFCIRMANT ADDRESS. CAUSE OF DEATH (Enter only one couse per line for (a), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate course (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III. ED AS A HEALTH Diabetes Mellitus 19s DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED? # AUTOPSY? body only 71s EXTERNAL CAUSE WAS 216 TIME OF INJURY THE HOW INJURY OCCURRED LENTER NATURE OF BILLIET WHEN TE PART TOR PART 31 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED THE PLACE OF INJURY DAYHOME. STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 278 I certify those took charge of the remains (DODY, Only EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH WITH THE ST
BATTIMORE. MARNIAMD. Automy XX Inspection Inquiry and in my opinion death resulted # Netural courses-Homicide Undetermined incomer ITLE (SPECIFY) 8-1-86 Assistant DATE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth 111 Penn St., Balto., Md. 21201 M.D. TYPE OR PRINT 736 BURIAL CREMATION REMOVAL 736 DATE 73L NAME OF CEMETERY OR CREMATORY 34. FUNERAL DIRECTOR DATE RECTU. BY REGISTRAR TOUR REGISTRAR'S SIGMATORE DHANH - 17 hitis Davido (VR A15 ME (5))



5-14420		FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYP ICATE OF DEATH	REG. N		
ed to the control of		CEASED NAME FRST OR PRINT) Juanit	a N	aomi	Nibl	ett	July 1	, 1986	26 HOUR 3:45pm
ge 4 mo	1 SE	female	4 RACE Whi	te	5 DATE O	TY933 YEAR	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN
· 1 35	To B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF U.S	what country? \mathbf{A}_{ullet}	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	RCOUNTY OF DEAT	H MD
(A)		TY OR TOWN OF DEATH Cambridge				al Hosp.	12a USUAL OCCUPATION OF MOST O		ND OF BUSINESS OR STRY
3	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR DOT		GIVE RESIDENCE BEFOR	admission)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 310 E.	Appleby	76/3 Ave.
MARYLA MARYLA	14. F/		MIDDLE N .	Bange	ct	15 MOTHER'S MAIDEN NA. Delia	WE	F	lughes
SATTIMORE, care be execut speer. Pages 1 vol.	160 \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	217-30		John H. N	ADDRE Niblett	Item #1	.3
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NG Perry orberida orberida orberida orberida orberida	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY ON FOW	en count	STATE
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by the box by the box EEAL DRE- es desorbes		22b. SIGNATURE	M	-			MEDICAL STAI		DATE SIGNED
O HOSPITAL eduland by 11 TO FUNERAL should be the work the State		22d. PHYSICIAN'S NAME	AYLIK	RE .		220 ADDRESS	201 Ca	ordje	hel
BP	23a. E	burial burial	23b. DATE 7/3/			emetery or crematory and Veterans	23d LOCATION CITY OR TOWN HUTLOCK	Dor.	Md. STATE
DHMH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR THOMAS FUNER	AL HOM	E CAMBI	RIDGE	0000	7 1986	25b. REGISTRAR'S SIG	



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noy be page 3		ECEASED NAME FIRST	ING-	PARKS.	2a. DATE OF DEATH MONTH	12/86 11 an
ge 4 mo ector, po rs ofter c	3. SE	Male	Cauc.	5. DATE OF BIRTH 03 10 1901	6. AGE (IN YEARS LAST BIRTHDAY) 85	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dir.		IRTHPLACE STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUL	NTRY? 8. MARRIED NEVER MARRIED WIDOWED PT DIVORCED	9 BALTIMORE CITY OR COUN Dorchester	
oy the fu	8	Cambridge	Dorcheste	er General Hospita	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) WATERMAN	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
Mozing		AL RESIDENCE (IF NURSING HOME C STATE 13b. COU aryland Do:		E BEFORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS? RDridge YES \$\mathbb{N}\$ NO [13e. STREET ADDRESS	d Ave. 21613
Completely I and 2 sh	_	ATHER'S NAME William	Grant 1	Parks Ella		Shelton
IMORE,		WAS DECEASED EVER IN U.S. A (YES, NO ODUNKNOWN) (IF YES, G	IVE MAR OR DARREL	Security No. 17 INFORMANT B2-0930 Ella Fran	ADDRESS Ices Parks Ite	
(DS, 201 W. PRESTON ST., BAquires that the death certificate signed by the attending physic frem please remove corbon paper to buriol, cremation, or removal njury, or other troumatic event, the please removal process.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	TO C CAO	MINAL DISEASE OR CONDITION G	SIVEN IN PART I 10
At RECOI	CERTIFICATION	19a. DATE OF OPERATION	(C) Bis	which operation was performed ful genfylle	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{D} \)
NG PHYSICIAN: The low requirent of the control of the certificate has been sign of the buriof-transip permit. Then the and Mental Hygiene prior to be orked or them 18 shows ony injury.	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONT	H DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM II	COUNTY STATE
HOSPITAL OR ATTENDI ined by the hospitol or FUNERAL PERCETORS. In the State Dept. of Heal		22a.1 certify that (1)/(this has	of view the body after debth.	19 , and that in (My) (aur) apinion DEGREE	death occurred on the Bate and h	aur and from the couses stated 22c. DA SIGNED 27. DA SIGNED
0 € 0 € \$ š	230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1 7/23/86	231. NAME OF CEMETERY OR CREMATORY Green Lawn	23d LOCATION Cambridge	bor. Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME THOMAS FUNE	RAL HOME CA	MBRIDGE MD. 1JULA	2RB 1985 GISTRA 139 REG	SIL ARS SIC AUDIO



FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YES NOT

15. MOTHER'S MAIDE

21c HOW INJURY OF

211 LOCATION

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22e ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY

STREET

17 INFORMANT

5. DATE OF BIRTH MONTH Main

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PHYSICIAN	MEDICAL	STAFF		7/	24/20	1
	DIRECTOR	PHYSICIA	И	1/	1/10	
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24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 ADDRESS (VRA 15, 4) TOME

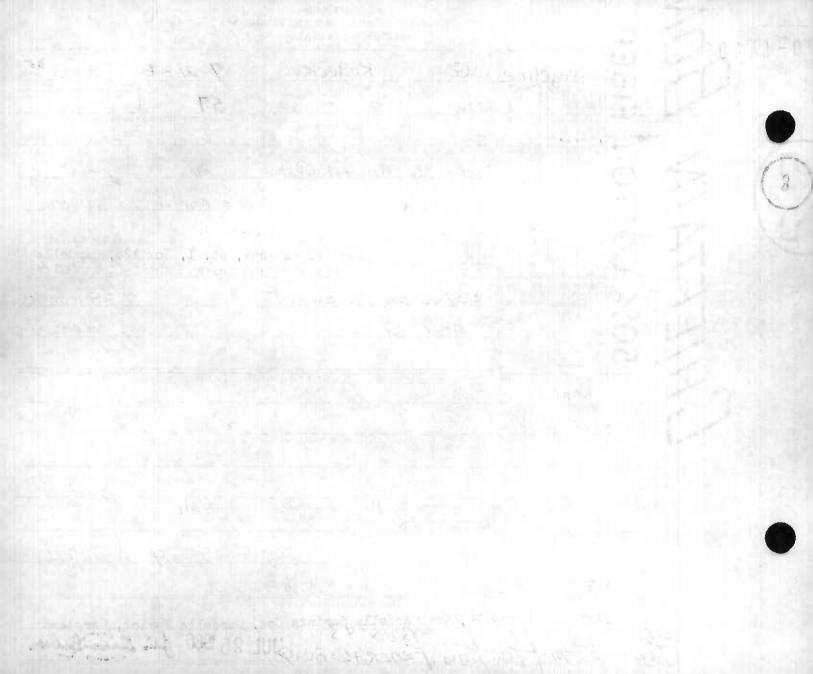
23d LOCATION

CITY OR TOWI

250. DATE REC'D, BY REGISTRAR 251. REGISTRAR'S SIGNATURE



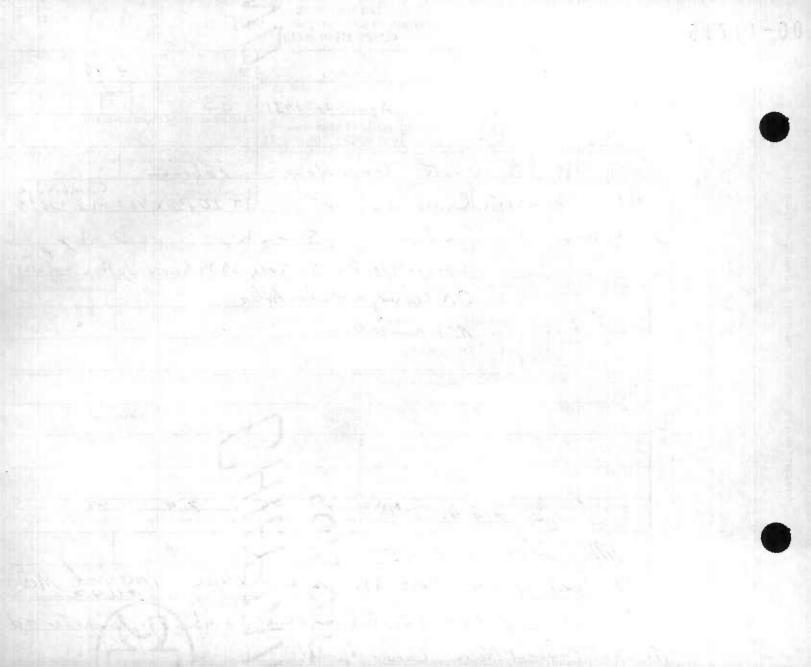
			FOR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG	8 6 2	0 3 3	4
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- 1 11 11	UJ =		CEASED NAME FIRST	MIDDLE	Radecke	20. DATE OF DEATH MONT		2b HOUR
d you	r death	3. SE	Evangeli		5. DATE OF BIRTH	7-21-8		F UNDER 24 HRS
4 7	rs afte	3. 50	Female	White	MONTH DAY YEAR 8 3 28	57	MONTHS DAYS	HOURS MIN.
£ =	S hou		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		rooklyn, N.Y.		WIDOWED DIVORCED		rester	MD.
1	: 13	10 C	M D	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL	DDRESS)	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		BUSINESS OR
	ا رق ا	USU.	AL RESIDENCE (IF NURSING HOME OR OTHER	MER INSTITUTION GIVE RESIDENCE BEFORE A	DMISSION) (/	13e.STREET ADDRESS / ZIP		
	門の	130		130 CITY OR TOWN	VEC TO 2 NO TO	R+ # Mardal	1	837
i ya	200	14) F/	THER'S NAME		15 MOTHER'S MAIDEN NA	ME	TAST	
pe do	1000	1	John J.	6)	Ke Lydia F	FRANKE	Rade	cke
execut	8 1/2		VAS DECEASED EVER IN U.S. ARME		John W. Rade	ADDRESS	x 128. Mar	del/1897
pe en		5	No		5454 Merle HWA	contleva Gor	21273 Jean	ord le.
dicate k	mpapers. moval		18 CAUSE OF DEATH Enter only				APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
			PART I. DEATH WAS CAUSED E IMMEDIATE (CAUSE (0) Cardo - V	ascula accident		25 n	ninutes
th ceri	ight.	- 34		DUE TO, OR AS A CONSEQUEN	ICE OF		1.0	
dea dea	matian traum	ď.	Conditions, if ony, which	1 b) ASCI	10		yes	ns
by the	se re crei	Si.	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	NCE OF		0	
es to	ple urro	50	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 110	
ednia	The The	NO NO	None				/	
× d	prio y	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED		IF YES, WERE FUNDING	
he lo		TIF	None			YES X NO	YES T	NO 🗌
GICIAN: TI	unal-trons tental Hyg them 18 sh		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART OR PART 2)	
HYSK ding	Mental Annual-tr	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN.	COUNTY	STATE
G Ph	ond ked	¥	WHILE NOT WHILE O	AT HOME STREET, FACTORY, OFFICE, FA	RM ETC) STREET	CIT OR TOWN,	COOKII	STATE
NO O	se of the mar		22a.1 certify that (1) (this haspital) attended the deceased from	7.91, 1986		19:86 11	hat (I) (we) lost
R ATTEN haspital	of Hi		sow the deceased alive on above, (I) (we) (did) (did not) v	7, 19/	ond that in (my) (our) opinion	death occurred on the date or	id hour and from the co	ouses stated
OR ATTE e haspite	hed hem hem		226 SIGNATURE	1	DEGREE		224 DATE S	IGNED
	detoch tote De		1120	FIND	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	× 7,2	1,96
HOSPITAL ned by th	be of Store Store		22d. PHYSICIAN'S NAME (1)	RIVED OF THE PARTY	22e ADDRESS			, , ,
- 5 0			REZA	FEIZ	M-D.			F. 1956
5 j	T. 3 3		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP			Burial /	July 24, 1986 Ma	ardella Springs Ce			-
DHMH -	6 60M 7/84	21.5	MERAL DIRECTOR	ADDRESS -	250 DAI	FREC'D BY RECORDER 256	EGISTRÁR'S SIGNATU	SE dage
	15, 4)	Z	ramplom-t	Taw Kins Fa	DERALSBURGO	DE 20 1000 8	The Shares and the	
		-		1 / 4				



15	-	FOR	DEDARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL H	WGIENE 40	34g -> 41g -4
100-1662	U-	STATE REGISTRAR			Spekru 4	0 3 3 5
2 4 4 2 (CEASED NAME FIRST MARTI	HA ELLEN	5ACHS	20. DATE KNOWN OF ESTI- DEATH MATED	11 6/ 1m 2
ESSARY, PEASE FRAI DIRECTOR. RY YOUR FILES. THIN 72 HOURS PESTON STREET.	3. SEX	F Gave.	5. DATE OF BIRTH MONTH DAY YEAR 9 - ZO - 16	AGE (IN YEARS IF UNDER 1 YR. IF UNDER LAST BIRTHDAY) MONTHS DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	7-1419 8 9 7M
NECESSA FUNERAL 5 FOR Y PREST	FO	RTHPLACE (STATE OR REIGNOSTITITY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRI	ED Denke	HESTER MD.
A PER	30.CI	CAMBRIDGE	11. NAME OF HOSPITAL, NURS (IF OT IN SUCH FACILITY GIVE STRE	ET CORESSI HOSP (-DOA)	Par USUAL OCCUPATION FOR MOST OF WORKING LIFE RETURNED	WPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
RETAIN OF SECOND	13a. S		OR OTHER INSTITUTION, GIVE RESIDENCE BEI TY SALLYES FOL SALLYES FO	R TOWN 13d INSIDE CITY LIMITS? YES NO	302 CRUS	ENDER RS! 613
DEATH. DEATH. GES 1, 2 M PM 3 AND 2 S WITA	1	MAURICE	MIDDLE BRAN	Woell 15. MOTHER'S MAIDE	MIDDLE	PARKS
ON ST., BALTIMORE, A HOURS AFTER DEATH ITEM 18. GIVE PAGES 1, ONG WITH FORM PM FREMIT. PAGES 1, SIENE, DIVISION OF WILL VAL.	16a. V	VAS DECEASED EVER IN U.S. ARI ES. NO. OR UNINOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) 16b. SOCIA	17. INFORMANT 12-8744 Hosp. CHH	PET Somethe	
· & · > · O		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA		YDEAR DIAC INT	ARETTON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTO ITHIN 24 CIL IN III WER ALC ANSIT PAL HYGI		Canditians, if any, which	DUE TO, OR AS A CONS	QUENCE OF OR VENTRE	EVER DUSK	SEASE 10+ YRS
RDS, 201 W. EXECUTED W ING" IN PEN ICAL EXAMINA A BURIAL - TR A AND MENI MATION, OR		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSE	QUENCE OF PREPRIOSELS	efine Caroll	Insular 10 types
RECORDS. ID BE EXEC PENDING: PENDING: PENTH AN IEAITH AN	NO	PART 2 OTHER SIGNIFICANT CONDITIONS SEVERE BROD	CONTRIBUTING TO DEATH BUT NOT RELATED WITH STANDING TO THE STA	TO THE SERMINAL DISEASE OR CONDITION GIVEN IN PA	ASEKE MELL	uro S
OF VITAL RE ATE SHOULD E WORD "PE THE CHIEF A THE CHIEF A THE CHIEF A TO BUENT OF HELE TO BUENT OF HELE	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PERFORMED?		20 AUTOPSY? YES □ NO.
CERTIFICATE ITING THE WITHING THE WAS SEED TO THE DEPARTMENT IN PREARTMENT IN PREARTME		210. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTING CAUSE OF		21c. HOW INJURY OCCUPRE	D LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. 1 THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS WANDED TO THE WORD "PENDING" IN PENCIL IN ITEM 18 RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG V. PRACE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMITS STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, 3. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	21d. INJURY OCCURR WHILE NO WILL AT WORK AT WOR	21e PLACE OF INJURY STREET, FACTORY, FARMER	21f. LOCATION STREET	A CITY OR TOWN	COUNTY STATE
# E O K # 9			ge af the remains described above	, held an Autapsy , Inspectia	Inquiry Undetermined manner	and in my apinian
LEXAMINER: 1 RECETIFICATE, OULD BE FORW ALWITH THE STEMMENT THE STEMME		ACTUAL SIGNATURE	al Duvill	laring M. ASPUT	MEDICAL EXAMINER	DATE 7-14-86
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNEAL DIRECT AFFER DEATH, WITH THE BALLIMORE MARYLAN	1-	EXAMINER'S NAME ON	ALD R. Yell	WARS ADDRESS SON	6A457.	Comscioc Mp.
Bb———	23a. B	URIAL, CREMATION, REMOVAL BURIAL BURIAL	7/16/86 23c NA	ME OF CEMETERY OF CREMATORY	Bal Timore	e Balt. Mar.
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR HOMAS FUNERAL	L HOME 700 Lo		REC'D. BY REGISTRAR 756.	REGISTRAR'S SIGNATURE
15M2/80	-			10ge, 10. 1101)		

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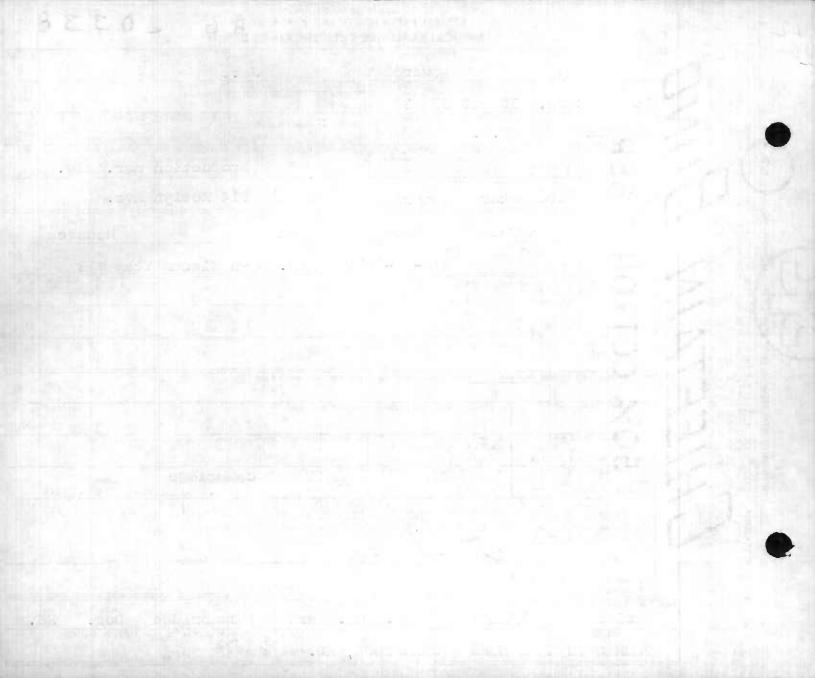
	T.	FOR	Der.	STATE OF MARYLAND	d Garagan	20 313	3 6
00-1	17015	- STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	REG. N		
-	131	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
3		(TYPE OR PRINT)	0 -	Sami	2	7 4 86	м
9		3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS
_ 8	1000	Male	Dlack	Apr. 2 193		YRS.	MOUNT MAIN.
4	1221	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEATH	
1	19 5	Md.	US	WIDOWED DIVORCED			MD.
= #0	1143	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST	DE WORKING LIFE) INDUSTRY	BUSINESS OR
2126	2 3	USUAL RESIDENCE (IF NURSING HON	E OR OTHER INSTITUTION, GIVE RESIDENCE		16be-	- 4	1 11 .
AND AND	11 US	130. STATE 130 CO	-oheste Cam	TOWN 13d. INSIDE CITY LIMIT	10-77-3	0x487 md.	2/6/3
BYL.	1000	H. FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN		TAGE T	0.7.7
M M	DI	5 Tephen	O lind	er Sa-	ah	Denh	r
ORE	the grad	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES	ARMED FORCES? 166 SOCIAL GIVE WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDR		Battinge
Or Other	1 2 20		214-2	8-3151 Kyette Ki	vex 1034 Ke		nd.21218
BA corte	hysic over	18. CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r anly ane cause per line for (a), (JSED BY:	b), and (c)	1. 1.	APPROXIM BETWEEN O	MATE INTERVAL
ST.,	ng p bond rem		DIATE CAUSE (a)	ung - MetAST	mue		
of the		Condition II . 111	DUE TO, OR AS A CON	reliele			
PRE de de	24 of 10 of	Conditions, if ony, which gove rise to immediate cause (a), stating the)				
W. thot t	Dy 1	underlying cause lost.	DUE TO, OR AS A CONS	SEQUENCE OF			
200	y, or	PART 2. OTHER SIGNIFICAN		O TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 3 to	,
RDS	1 2 2 3	NO.					
RECORDS,	4114	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USED
A AL	2 4 4 4	al la l			YES NO	YES	NO 🗆
A K	physical High and Hig	OR CONTRIBUTION TO CAUSE OF		DAY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
NO VSIC	0 1111	(IF EITHER, NOTIFY MEDICAL EXAM	INER) P.M. 21e. PLACE OF INJURY	19 211, LOCATION			
DIVISION OF VIT	+ 6	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O		CITY OR TO	WN COUNTY	STATE
<u>a</u> <u>z</u>			ispital) attended the deceased f	rom AMECX / 19 9	35 to 7.4	19 86 11	hat (I) (we) fast
HE HE	paral TOR for un	saw the deceased alive abave (1) (ive) (did) (did	7.4-86	1/	nion death occurred an the de	ote and hour and from the co	ouses stated
OR A	e hos DIREC Dept. f hem	226. SIGNATURE	111/100	DEGREE		22c. DATE S	IGNED
Z Z	Te let	1111/2/2010	Helle	US ATTENDIN PHYSICIA	MEDICAL STAI	FF CIAN [,
OSPI	FUNER, old be a 1 the St ORTAN	22d. PHYSICIAN'S NAME (1)	DE OR PRINT)	220 ADDRESS	Por 1/15/2	Hulant	wa-0
9	A - B - B	Michael	y FAUCE.	ew My 30 h	Corring	21643	max
	B.D.	230. BURIAL, CREMATION, REMOV	AL 23b. DATE	231 NAME OF CEMETERY OR CREMATO	1) CITY OR 19WN	COUNTY	STATE
	BP	24 FUNERAL DIRECTOR	11/1/85		DATE REC'D. BY REGISTRAR	dat lb-ches	do- md.
	NH - 16 50M 4/B2 (VRA 15, 4)	StewarT Fun	. 1 1/ ADD	1 1 m/	UI D TORR	William Taking	



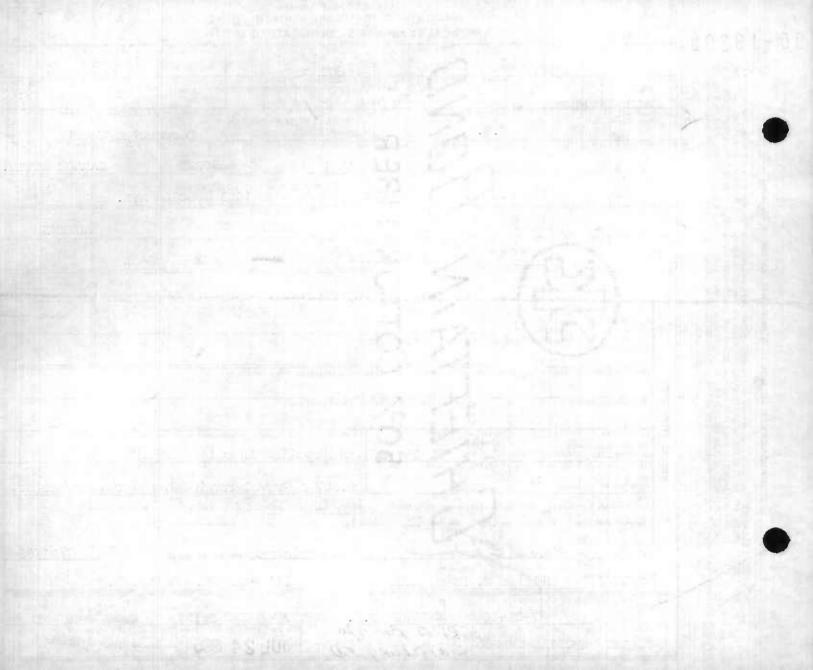
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2	page 3			EASED NAME	FIRST		rdson	31	ento	n	2c. DA	TE OF DEATH	MONTH DAT	YEAR	26. HOUR 3 43 M
5	ector, pa		3. SEX			4. RACE Whi	te		onth une 1	3,1908		(IN YEARS LAST BIR	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	nerol din	3		THPLACE (STATE OR FO	REIGN	76. CITIZEN OF	S. A.	ITRY? 8 MA		VER MARRIED DIVORCED	9. BALT	Dorcl	nester		MD,
50	by the fulled with	1	C	y or town of DEAT ambridge	-0	Dorch	ester	Gene	ral H	ospita	1 120. US	UAL OCCUPAT F WORK FOR MOST C LEACHE!	ON OF WORKING LIFE Pub	126. KIND C INDUSTRY 11C	schools
No 2120	filled in sould be	5		L RESIDENCE (# NURSIN TATE I	3b. COUN		GIVE RESIDENCE		SYES			REET ADDRESS none		21	669
MARYL	and 2 straine	10	A. FA	Thomas		MIDDLE A.	Bro			HER'S MAIDEN I		WIDDLE		Tho	mas
BALTIMORE,	n and co Pages i	/		AS DECEASED EVER IN		MED FORCES? E WAR OR DATES)	219-3			inton	Johns	ADDRI			land Md
	g physicia on papers emoval.			18. CAUSE OF DEATH PART I. DEATH WA		ly ane cause per D BY: TE CAUSE (a)	Resa	b), and (c).)	ry A	rrest				BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
PRESTON ST	E & C . S			Conditions, if any,		DUE TO, O	Acute	SEQUENCE		Ede	na				
T W. PR	by the case remo			gove rise to imme cause (a), stating underlying cause	the	DUE TO, O	RAS A CONS	sequence	Heart	Fail	lure	Marki			
RDS, 20	in signed Then ple r to burio		NOI	PART 2 OTHER SIGNI Rheumato	FICANT O	onditions c	-	FD, (ac he	ATED TO THE TE			DITION GIVEN	IN PART 1	(o)
DIVISION OF VITAL RECORDS,	cion. he hos bee sit permit giene prio	1	CERTIFICATION	190 DATE OF OPERATION			ITION FOR W	HICH OPER			YES	-	YES	NG CAUSE:	NGS USED S OF DEATH? NO
OF VIT	g physicienticote iol-transintol Hygistem 18 sh	1	-	21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEA	1111	DF INJURY M. MONTH M.	day y	21c. HC EAR 19	W INJURY OCC	URRED (EN	TER NATURE OF INJU	RY IN ITEM 18 PAR	f) OR PART 2)	
NOISINI	ter this case the burner of th		MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK	E 🗆	21e. PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, O	FFICE, FARM, ET		CATION	,	CITY OR TO)WN	COUNTY	STATE
A CONSTITUTION OF THE PARTY OF	TOR: Affor use of Health			sow the deceased above (11) we dis	his hospi	tal) Attended the	deceased f	19 7 (, and that in	my our) apini	on death ac	curred on the d	ate and hour o	and from the	that (I) (we) last couses stated
			V	22b. SIGNATURE	19	mar les	de.		DEGREE 1	ATTENDING PHYSICIAN	MEDI MEDIREC	CAL STA	FF CIAN [7/3	ISIGNED
Hason	retained by the TO FUNERAL should be deto with the State IMPORTANT. If			Edmund	T.	Yal La	ughlin		10 / O		Sh	Can	bridge	e, rd	21613
5	BP		23e. B	URIAL, CREMATION, R	EMOVAL	23b. DATE 8/3/	'86			OR CREMATOR	d !	LOCATION CITY OR TOWN Paylor	s Isla	and	Dor.Md.
DHA	AH - 16 50M 4/B2	4	24 FL	NERAL DIRECTOR	INER	AL FOM	IE C%	MBRTI	GE ME	AU	306	986 A	256 REGISTRA	R'S SIGNA	TURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR . DECEASED NAME FIRST 20. DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) ESTI-Edward DEATH MATED **JAMES** SLACUM Jrr 7-19 1986 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 6:40 Male 10 20 55 Cauc. 30 DEAD YRS 7-19 186 P. M 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marviand U.S. Dorchester County, WIDOWED [DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Cambridge Dorchester General Hospital production mgr. mfq. JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 136 COUNTY Cambridge 13d INSIDE CITY LIMITS? 13914 Rosslyn Ave Dorchester NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Edward James Slacum MIDDLE FIRST Messick Ann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) No 212-66-1837 Mrs. Dawn Slacum Item #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Electrocution CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM F PRWARDED TO THE CHIEF MEDICAL EXAMINER ALON OR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIER AND, 21201, PRIØR TO BURIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 0 CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR XXX MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 6:00 P.M. 7-19 1986 Subject electrocuted 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION Cambridge SINCET, FACTORY, FARM, ETC 1 WHILE AT WORK SE 4 SHOULD BE FORWARD FUNERAL DIRECTOR: PAGE TER DEATH, WITH THE STATE! 914 Roslyn Ave., Dorchester Co., Md. at home Autopsy X 22s. I certify/fhot I Inspection Inquiry and in my apinion death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Chief 7/20/86 SIGNATURE MEDICAL EXAMINER John E. Smialek, M.D. 111 Penn St., Baltimore, Md. 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Cambridge 7/22/86 Dor. Mem. Park Md. Dor. 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** THOMAS FUNERAL HOME CAMBRIDGE. MD. (VR A15 ME (5))



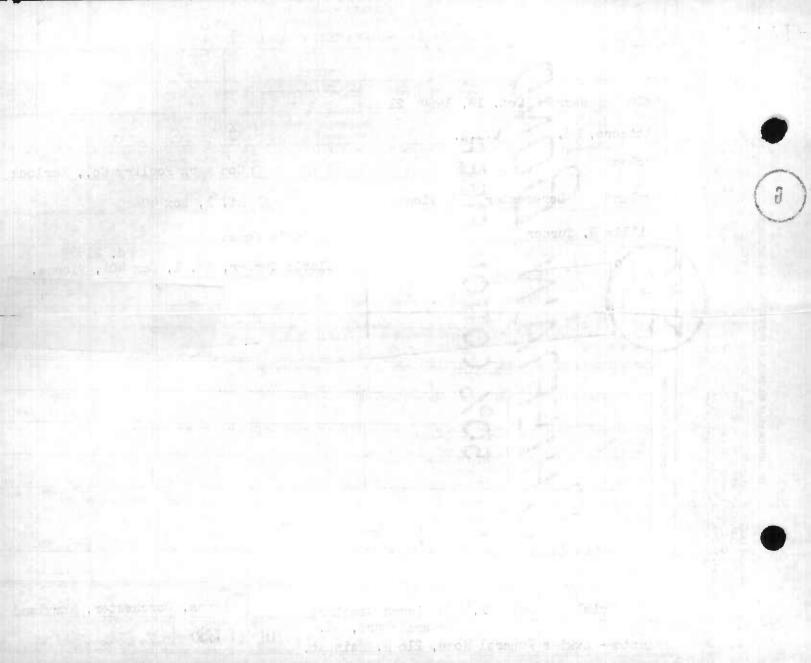
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	TO MEDICAL EXAMINER: THE SECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH, THE STER BEALTIMORE, MARYLANO, 2	23a. Bl		TION, REMOVAL 2			AME OF CEMET		.00	23d LO	CATION					
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DIVISION OF VITAL RECORDS, 201 This PHT HC LAN. The taw requires the category physician there has carrificate that been ugned it on the function permit Than plea. This and Mental Programs perms to burrol, the not describe the control of the category injury, or carried on the category injury, or carried on the category injury, or carried on the category injury, or category injury, o	CERTIFICATION	PART 2 OTHERS IGNIFICANT C	mid	ande	tion	NOT RELATED TO THE TERMI	20a AUTOPSY? YES NO	20b. IF YES, V	VERE FINDING	S USED F DEATH?
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DHMH - 16 60M 1/75 (VR A 15 (4))	DE	uzdzinski Funer	al Home	PA 1407	Old I	Eastern Avell	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATUR	100

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Timothy Μ. Turner DEATH MATED XX 1086 4 RACE 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2c. DATE 2d HOUR 6:30 LAST BIRTHDAY PRONOUNCED Oct. 14, Male 1964 Negro DEAD 19 86 p. M Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Baltimore, Md. U.S.A. DIVORCED Dorchester County, I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Hurlock OR INDUSTRY Rt.331 & Gravel Creek Bridge Con Agra Poultry Co... Hurlock 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Dorchester Vienna Rt. 1, Box 40A M FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Willie B. Turner Gloria Jones 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Md. 21869 DIVISION (YES, NO, OR UNKNOWN) No Gloria Turner, Rt. 1. Box 40A. Vienna 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c),) I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Craniocerebral trauma Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [216. TIME OF INJURY APPLOX. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
HOUR A.M. MONTH DAY YEAR 216. EXTERNAL CAUSE WAS X OR UNDERLYING 7-12 19 86 passenger in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 9:00XX 21e PLACE OF INJURY | AT HOME, PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARMAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt. 331 & Gravel Creek Bridge, Dorchester Co., road Maryland Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection Hamicide. Undetermined manner death resulted from Natural capte TITLE (SPECIFY) SIGNED 7-18-86 Lun Assistant EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth M.D. (TYPE OR PRINT) 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Vienna, Dorchester, Maryland Burial July 22,1986 Vienna Cemetery 07/84 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25M 74. FUNERAL DIRECTOR ADDRESS Federalsburg, Md. **DHMH - 17** lia Devider Pas Framptom-Hawkins Funeral Home, 216 N. Main St. (VR A15 ME (5))



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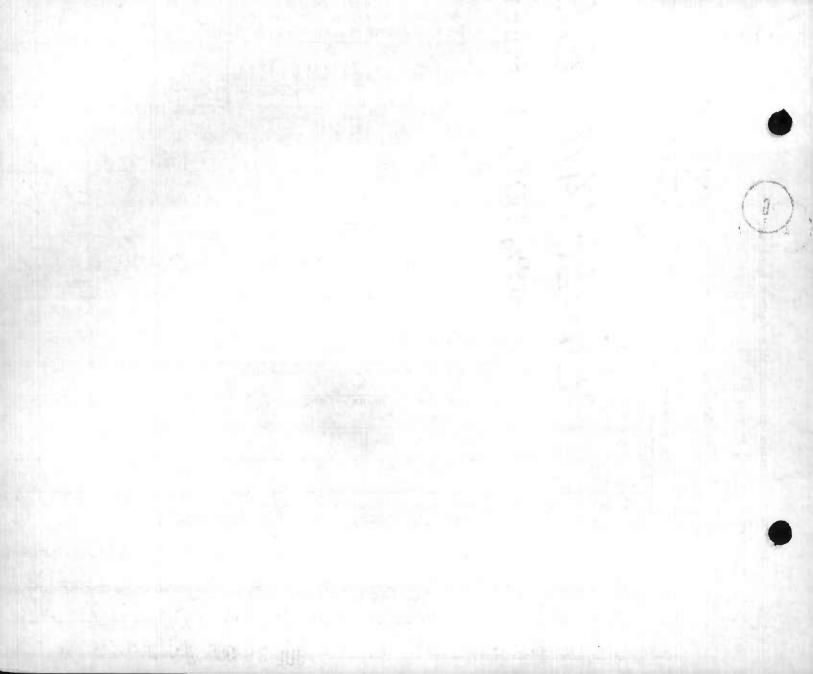
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE REGISTRAR 1. DECEASED NAME TTYPE OR PRINTI OF ESTI-HOWARD WILLDUGHA 3 SEX DATE PRONOUNCED 10-20-01 DEAD 126 KIND OF BUSINESS Waterman-self emp. ADDRESS SAME WIFE CAUSE OF DEATH (Enter only one cause per line for (o), SQUAMOUS Cal CARCINOMA TO LIVER Squamous Cac CARCINOMA LEFT EYE Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is CERTIFICATION 20 AUTOPSY? LEFT EYE - ENUCLEATION -CITY OR TOWN 220. I certify that I taak charge of the remains described above, held an Autopsy 7/8/86 East New Market New Market Dor. Md. East Burial 07/84 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** HOME CAMBR FUNERAL (VR A15 ME (5))

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OR he he he hoche toche Dep		226. SIGNATURE Mary a 22d PHYSICIAN'S MAME (TYPE OF	nn D.	Moo	re 1	ATTEN PHYSIC 1220 ADDRESS	DING ME	DICAL STAF	F IAN 🗌	22c. DATE	SIGNED
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	ESS ERA OR THII	/a. B	RTHPLACE (STATE OR PREIGN COUNTRY)	MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 1) Or Chester Cty MD								
	NECESSARY, PLEASE FUNERAL DIRECTOR S FOR YOUR FILES. WITHIN 72 HOURS MPESTON STREET,		1110								CTU MD.	
	S H B	10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY								
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BALTIMO	S AFT GIVE VITH F PAGES		254	TO ALL ON DATEO	1214-28-3	2067 17	Ars. tassi	e Kcc	nt Car	mh. n	M. 21613	
PRESTON ST.,	B. GIVE PAGES WITH FORM I. PAGES LAND		18. CAUSE OF DEATH (Enter onl	v one couse per line	for (a), (b), and (c),)					APPR	OXIMATE INTERVAL	
	MIT VE, D		PART I DEATH WAS CAUSED	RV.	Pulmonary e		a riith con	gostino	boost fo		EN ONSET AND DEATH	
	HIN 24 HOUD IN ITEM 18. RR ALONG W 1SIT PERMIT. HYGIENE, D		IMMEDIAT		AS A CONSEQUENCE		a with ton	gestive	Meart 12	TTure		
	N A SIT A A I A A		Conditions, if ony, which	B02 10, 011	AS A CONSEQUENCE							
	MOV.	18	gove rise to immediate	(b)								
3.	UTED W N PENC EXAMIN RIAL-TRA MENTA OR REM		couse (o) stating the <u>under</u> - lying couse lost.	DUE TO, OR	AS A CONSEQUENCE	OF						
RECORDS, 301	XECUTED WITHIN 3 G" IN PENCIL IN II CAL EXAMINER AL BURIAL-TRANSIT AND MENTAL HYG ON, OR REMOVAL.			(c)					(E) (c)	12 5 5		
	HOUID BE EXECUT RD "PENDING" IN CHIEF MEDICAL ES USED AS A BURIA OF HEALTH AND A AI, CREMATION, O		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
	ULD BE EXE VID BE EXE FE MEDING FE MEDICA SED AS A B FE ALTH A CREMATIO	CERTIFICATION										
	941947	TE	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION WAS PE	RFORMED?			20 AUT	TOPSY?	
4 OF VITAL	WORD "PE HE CHIEF D BE USED ENT OF HE	F		1-7-						YES	NO [
	ATE SHO THE CH ID BE U AENT OF	E	210. EXTERNAL CAUSE WAS	21b. TIME O	FINJURY	Z1c HOW IN	UURY OCCURRED (EN	TER NATURE OF INJURY	IN ITEM 18 PART 1 OR		A 110 🗆	
	FICAT THE NO THE NO THE NO BETWEEN TO BE		UNDERLYING OR		MONTH DAY YEA	R						
o o	SHOOT NAME OF THE OFFICE OFFIC	1 2	CONTRIBUTING CAUSE OF E		OF INJURY (ATHOME.	21f. LOCATIO	N. 1					
NOISION	RITING TO SEE 3 SHOED TO SE 3 SHOED TO SE 1 PRIOR	MEDICAL	WHILE WOT WHILE	STREET EAC	TORY, FARM, ETC.)	STREET)N	CITY OR TOWN		COUNTY	STATE	
۵	= 2 4 0 = 0		WHILE NOT WHILE AT WORK	3								
	S S E S		226. I certify that I took charg	e of the remains des	scribed above, held on	Autopsy X	, Inspection	, Inquiry	ond in my	opinion		
	MINER: IECATE BE FOR CTOR: H THE SAND, 2			ol coures X				determined monn		оринон		
			death resulted from: Notur	or conses Ezi,	Accident L, St			gerermined monn	er L.,			
	CERT CERT ULD DIRÉ WITI		ACTUAL A	1 - 14		111	TLE (SPECIFY)		DAT	E 7	22 06	
	ICAL EXA THE CERT SHOULD SHOULD ERAL DIRE EATH, WIT RE. MARY	+	SIGNATURE UND		- sec	M.D.	Dep.	EDICAL EXAMIN	ER SIGI	NED	-23-86	
	MEDICAL CUTE THE SE 4 SHG FUNERAL TIMORE. I	4	EXAMINER'S NAME								2000	
					kert, M. D.	ADDR			ast New	Marke	t, Md.	
	PAC BAL	23a.B	23a BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION CIPCORTOWN STATE									
		1	Burial	1-78-8	6 Beula	in VCI	(cm)	Beulo	h)er.	mol.	
	HMH-17 20M 1/73	24. F	UNERAL DIRECTOR				25a. DATE REC'D	BY REGISTRAR	25b. REGISTRAR'S	SIGNATUR	E .	
	(VR A15 ME (5))	12	boardley funz	ADDRESS	(0)	mo	1142.	400C /	10 pm 0.	01		
		1	warrey runc	rall Momr	Carre	1	30 20	1500 //w	in Dinden	- Frade	Leba .	
						/	~ ~ ~	-				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE L DECEASED NAME 70. DATE KNOWN MONTH 2b. HOUR OF (TYPE OR PRINT) DEATH MATED 19 86 Clinton Young 6. AGE (IN YEARS | IF UNDER TYR. 7d HOUR 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE MONTH VEAD LAST BIRTHDAY) MONTHS PRONOUNCED 19 86 DEAD 80 06 Negro 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED [Dorchester U.S.A. Maryland

I CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) **OR INDUSTRY** Laborer Farm Street Cambridge Washington USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN Washington Street Cambridge YES X NO [819 Dorchester Maryland A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Hopkins Harriet Young James 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21613 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 21/1-07-87/12 Box 911 Delema APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 3 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 71d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK IL DIRECTOR: H, WITH THE S MARYLAND, 2 Inspection and in my opinion 22a. I certify that I took charge of the remains described above, held an Autopsy PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TH Homicide Undetermined monner Suicide 231. NAME OF CEMETERY OR CREMATORY 7/9/86 Bethel AME Cem. Cambridge Dorchester Burial BP. 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 812 Hubbard St. Boardley Funeral Home 15M7/76

JUSTO E CONTRACTOR OF THE STREET Late benefit Six nation for